Entered - 05/29/01 - sb CL 01L0335 - GWENDOLYN BURNS

CLAIM OF: TRAVELERS INSURANCE COMPANY as subrogee of Ayanna Moore P.O. Box 2954 Milwaukee, WI 53201-2954

For damages alleged to have been sustained as a result of a vehicular accident on March 19, 2001 at 166 East at Sylvan Road exit.

BY PUBLIC SAFETY AND LEGAL ADMINISTRATION COMMITTEE:

BE IT RESOLVED by the Council of the City of Atlanta that the action of the Department of Law be approved in authorizing payment to TRAVELERS INSURANCE COMPANY as subrogee of AYANNA MOORE the sum of \$2,000.00 in full settlement and satisfaction of all claims, past, present and future, of every kind and character for damages alleged to have been sustained as a result of a vehicular accident on March 19, 2001 at 166 East at Sylvan Road exit as is more particularly set forth in the within claim; said sum taken from and charged to account 1A01/529017/T31001, Settlement of Suits and Claims, Department of Law.

APPROVED: SUSAN PEASE LANGFORD CITY ATTORNEY

ROSALIND RUBENS NEWEL

**DEPUTY CITY ATTORNEY** 

## **DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY**

Claim No. <u>01L0335</u> Date: <u>June 27, 2001</u>
Claimant / Victim AYANNA MOORE
BY: (Atty) (Ins. Co.) TRAVELERS INSURANCE INDEMNITY COMPANY OF AMERICA
Address: 2653 Brookwood Drive. Atlanta. Georgia 30305
Address: 2653 Brookwood Drive, Atlanta, Georgia 30305 Subrogation: X Claim for Property damage \$ 2,809.93 Bodily Injury \$
Date of Notice: 5/29/01 Method: Written, Proper X Improper
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X
Date of Occurrence 3/19/01 Place: Highway 166 & Sylvan Road, SW exit  Department PUBLIC WORKS Division Solid Waste Services
Employee involved Eddie L. Johnson Disciplinary Action: Verbal counseling & urinalysis test
Employee involved <u>Eddie L. Johnson</u> Disciplinary Action: <u>verbal counseling &amp; urmalysis test</u>
NATURE OF CLAIM: Claimant alleges that her vehicle sustained damage when it was struck by a city
sanitation truck that made an "improper lane change". The city employee was cited for same.
INVESTIGATION:
Statements: City employee Claimant Others Written Oral
Pictures Diagrams Reports: PoliceX Dept Report OtherX
Traffic citations issued: City Driver Claimant Driver
Citation disposition: City Driver Claimant Driver
BASIS OF RECOMMENDATION:
Function: Governmental X Ministerial
Improper Notice More than Six Months Other Damages reasonable
City not involved Offer rejected Compromise settlement X
Repair/replacement by Ins. CoRepair/replacement by City ForcesClaimant NegligentCity Negligent JointClaim Abandoned
Claimant Negrigent City Negrigent Claim Abandoned
Respectfully submitted,
$\mathcal{L}$
Alanda Burn
X MUNICOLINATION OF THE PROPERTY OF THE PROPER
INVESTIGATOR - GWENDOLYN BURNS
RECOMMENDATION:
Pay \$
Claims Manager: Concur/date Concur/date Concur/date
Committee Action:Council Action
FORM 23-61



PO BOX 2954

MILWAUKEE, WI 53201-2954

Phone: (800)624-6007 Fax: (262)827-1038

May 8, 2001

ENTERED - 5-29-01 - SB 01L0335 - GWEN BURNS

City Of Atlanta 1150 North Ave, Nw Atlanta, GA 30318

Our Client: Ayanna Moore Date of Loss: 03/19/2001 Our File No.: LPH7182

Dear City Of Atlanta;

We are handling a claim for Ayanna Moore who sustained a loss on 03/19/2001.

Our investigation reveals that you may be legally responsible for this loss, and we look to you to satisfy this obligation.

We are requesting reimbursement in the amount of \$2809.93. This represents our payment of \$2559.93 and Ayanna Moore's deductible of \$250.00.

If you have insurance, please complete the attached form and return it to me. Please refer this letter to them immediately, requesting they contact our offices. Should you not have insurance, we expect payment from you directly. Please contact me to discuss repayment options.

Please call me immediately if you have any questions.

Sincerely,

THE TRAVELERS INDEMNITY COMPANY OF AMERICA

(262)797-2121

Enc. Insurance Questionnaire

## GENERAL RELEASE AND INDEMNIFICATION

GAIM NUMBER <u>01L03GS</u>		\$ 2,000.00	
IN CONSIDERATION of the sum of	TEVO THOUSAND A	ND 00/100	
DOLLARS, to be paid by the CIT	Y OF ATLANTA, the fi	iture receipt of which is herel	by acknowledged.
to hereby, for myself, my heirs, executor	s, administrators, and as	signs, release and forever di	scharge said City,
officers and employees, including but no	limited to Eddle Johns	on from any and all property	y damage claims,
mands, actions, causes of action, suits, da	mages, loss and expenses	, of whatsoever kind or natur	for or on account
anything that has heretofore occurred, a	ad particularly for or on	account of a vehicular acci	1ent
hich occurred on or about the 19th	day of	March	<u>, 2001</u> ,
or near 166 East at Sylvan Road exit			*
It is further understood and agreed	that the navment of the a	bove named sum is not to be	e considered as an
mission on the part of the City, its office	era, agents, servants or e	mployees, of any liability w	hatsoever and the
dersigned further covenants and agrees t	o indemnify and hold ha	rmless the City of Atlanta, it	s officers, agents,
evants and employees, from any and all	claims, damages or cos	ts which the said City of At	lanta, its officers,
ents, servants and employees, may be co	Hed upon to make as a re	esult of the event hereinbefo	re referred to.
And I now state that the only consid	leradon for my signing t	his release and indemnificati	on is the payment
the sum stated above; that no other prom	iss or agreement of any	kind or nature has been mad	to or with me by
id City or its agents to cause me to sign	this release, and that I h	ally understand the meaning	and intent of this
iștrument.		•	
WITNESS my hand and seal this	J C 412	day of _ wul	. 20 0
WITHESS my hand and sear this			A . 16
	1	liverage as Supr	MACH
	Thanelers (	himminati on Ponu	ger it its
	TRAVELERS	S INSURANCE as subrog	e of AYANNA
	MOORE		
The should release was used and ou	A world to and cioned hi	the said	
The above release was read and ex	be " leg to, and arkness of	tile sale	
in L.O	Cois. in	our presence on the date abo	ve written.
ي القان	No.:	<del></del>	
10/40	Jusan		Notary Public
	~ )* my conm	ission excises, alac	12005
i.a. a.	C/3/- Mryle	w Gott Fill	
1300	117.6	WITNESSES	
SA OF V	4307		

**01- ₹-1019**